

FOR OFFICE USE ONLY



Klickitat County Health Dept.

EMAIL

NAME OF ESTABLISHMENT

Wishram School

ADDRESS OR LOCATION

CITY

Wishram

MEALS SERVED B L D C O
MEALS OBSERVED B L D C O

PURPOSE OF INSPECTION

- Routine
- Preoperational
- Reinspection
- Illness Investigation
- Temporary
- Complaint
- Other:

ESTABLISHMENT TYPE

School

RISK CATEGORY

DATE 4/25 TIME IN 11:32

ELAPSED TIME

TOTAL POINTS

RED POINTS

REPEAT RED

PHONE

TEMPERATURE OBSERVATIONS

Food	Location	Temp (°F)	Food	Location	Temp (°F)
Cottage Cheese	True 3 door	38	Cheese	Samsung 2 door	39
Ham	" "	37	Milk	" "	39
Milk	" "	37			
Cheese	" "	38			
Ranch dressing	" "	40			

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames specified.	Points
	Looks good!!	
	Great job!!	
	Post FHCards on fridge for next time	

Comments

Freezer ✓	CFPM ✓	Sani 200ppm ✓
Gloves ✓	Shielda	Hw ✓
Storage ✓	FHC ✓	thermometer ✓

Person In Charge (Signature) Sheela McCullough Person In Charge (Print Name) Sheela McCullough Date 4/25/24
 Regulatory Authority (Signature) Don Regulatory Authority (Print Name) Diana Gilderhus Follow-up Needed? Yes No